

APPLICATION COMPLETION CHECKLIST

In addition to the attached application, the following must be done. When you feel you have provided all information requested, please sign below and make an appointment with a Coach at the WorkSource Kelso office.

- ☐ Apply for free financial aid (FAFSA) at www.fafsa.ed.gov and attach a copy of your award letter.
- ☐ Complete JobFit assessment at www.swwdc.jobfit.com
- ☐ Attach copy of Demand Occupation related to training from the Demand/Decline list at www.wilma.org/wdclists
- ☐ Attach copy of chosen Training Provider from the ETP List at www.careerbridge.wa.gov
- ☐ Completion of Training Provider "Placement" test/application or other process necessary to attend. (i.e. Compass Test, Letter of acceptance for RN program, etc.)
- ☐ Your most current Resume used for job search.
- ☐ Provide copies of at least 3 current job openings you would be qualified for once your training is complete and within your commuting area range.
- ☐ Complete the self-sufficiency calculator assessment at www.thecalculator.org print it out and attach.

Additional Information Needed

(ONLY if assigned by WorkSource Staff)

- | | | |
|---|---|---|
| <input type="checkbox"/> Background Check | <input type="checkbox"/> Letter of Intent to Hire | <input type="checkbox"/> Driving Record |
| <input type="checkbox"/> ODOT Physical | <input type="checkbox"/> Other _____ | |
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I certify that all information I have provided in this form is true and complete to the best of my knowledge. I agree to give proof of the information if requested. I authorize my application for the Training Assistance to be screened by a review committee consisting of staff and partners at the WorkSource Cowlitz/Wahkiakum office.

Signature of Applicant

Date

Employment Training Grant Application

Please complete the following application by typing or printing in INK. Do not use whiteout.

APPLICANT INFORMATION

FIRST	M.I.	LAST	
ADDRESS	CITY	STATE	ZIP
PHONE	EMAIL		

EDUCATION

HIGH SCHOOL/GED (PLEASE CHECK THE APPROPRIATE BOX)			
<input type="checkbox"/> HS DIPLOMA	<input type="checkbox"/> GED	IF NO DIPLOMA OR GED HIGHEST GRADE COMPLETED: _____	
COLLEGE			
<input type="checkbox"/> Some College (no degree) <input type="checkbox"/> AA, AS or Vocational Cert <input type="checkbox"/> BA, Masters, or PHD		PLEASE SPECIFY DEGREE MAJOR AND/OR COURSE OF STUDY: _____	
ADDITIONAL TRAINING/ CERTIFICATES	_____		
CURRENT SCHOOL STATUS			
CURRENTLY IN SCHOOL?	<input type="checkbox"/> NO	<input type="checkbox"/> YES (PLEASE COMPLETE BELOW)	
SCHOOL NAME			
START DATE OF TRAINING		ANTICIPATED END DATE OF TRAINING	
TRAINING PROGRAM NAME		JOB(S) YOU WILL BE A CANDIDATE FOR UPON COMPLETION	

WORK HISTORY
(at minimum last 10 years)

COMPANY NAME	POSITION TITLE	START DATE/ END DATE	JOB DUTIES/ REASON FOR LEAVING
			<input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other
			<input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other
			<input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other
			<input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other
			<input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other
			<input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Other

TRAINING INFORMATION

OCCUPATIONAL GOAL

Name of Desired Training Program:	Occupation you will be skilled in:
Is this Occupation in demand in the SW Washington area? (see the demand/decline list at www.wilma.org/wdclists)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

ANTICIPATED JOB & WAGE INFORMATION

WHAT JOB(S) DO YOU EXPECT TO BE COMPETITIVE IN AFTER COMPLETING THIS TRAINING?	
PROJECTED DATE OF EMPLOYMENT IN NEW CAREER FIELD: (MM/YYYY)	
THE HOURLY ENTRY-LEVEL WAGE RANGE FOR THIS JOB IS:	\$ /HR to \$ /HR
MY ACCEPTABLE ENTRY LEVEL WAGE IS:	\$ /HR

ESSAY QUESTIONS: Note: these questions are a very important part of your application for training. Please be thorough.

1. Please explain how you decided on your occupational goal and why it is a good choice for you. Include any information or materials that were helpful in your decision making process.

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2. Please explain how you job search and your success/lack of success in the past 6 months. Please indicate any workshops you have attended or other job search resources you have utilized.

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3. Please explain why your current skills and experience are not adequate to advance in your career field or to obtain gainful employment.

4. This grant rarely is enough to cover the entire tuition for any particular program. Please explain your plan to cover the remaining costs.

5. If you already have a degree/certification, please explain the need to further your education.

TRAINING PROVIDER RESEARCH

You will need to research schools in the SW Washington area which offer the training program you are interested in. Training providers must be listed on the Eligible Training Provider (ETP) list, available at www.careerbridge.wa.gov. Please fill out the information below for the training program you are interested in attending. You will need to contact the school to find out current information on attendance costs.

Name of School				
1	School Name & Address			
	Contact Person		Phone Number	
	Start Date (mm/dd/yyyy)		End Date (mm/dd/yyyy)	
	# of quarters to complete training	Is training on the ETP list? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this the school you want to attend <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Explain why you chose/did not choose this school:			Total Cost to Attend \$_____

FINANCIAL INFORMATION

SCHOOL COSTS (for the school you have chosen to attend)

Quarter	1	2	3	4	5	6	7	8
Tuition								
Fees								
Books								
Supplies/Tools								
Lab Fees								
Other								
Quarter Cost								

TOTAL SCHOOL COSTS \$

ABILITY TO ATTEND

INCOME (monthly)		EXPENSES (monthly)	
Monthly Household Wages	\$	Rent/Mortgage	\$
Child Support	\$	Utilities (include phone, cable, etc.)	\$
Social Security	\$	Vehicle (car pymt, gas, etc.)	\$
Unemployment	\$	Food	\$
Veterans Payments	\$	Credit Cards	\$
Other monthly Income	\$	All Other Expenses	\$
Total Monthly Income	\$	Total Monthly Expenses	\$

TUITION ASSISTANCE

Please indicate any grants/loans/scholarships you are, or will be, receiving. Give the date it begins along with the approximate amounts and how often you will receive that amount (i.e. qtrly yrly, one time only).

Name (i.e. Pell, Stafford Loan, etc.)	Dates Start (mm/yy) – End (mm/yy)	Amount	Frequency (how often you will receive this amount)
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____
4. _____	_____	\$ _____	_____

STAFF USE ONLY-DO NOT FILL OUT

Income x 3mos x # qtrs	\$	Expenses x 3mos x # qtrs	\$
Tuition Assistance x # times frequency during training	\$	Total School Cost	\$
TOTAL INCOME	\$	TOTAL EXPENSES	\$
Total Income – Total Expense = Surplus/Shortfall for training			\$